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FAX COVER SHEET

DATE: August 4, 2006
FAX #: 1-571-273-2885
TO: MAIL STOP - ISSUE FEE
FROM: Diann Herring, Assistant to Michael Starkweather
RE: Allowance & Issue Fee Payment

Number of Pages including cover page: 4

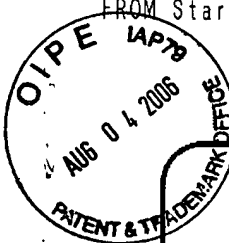
Docket No. 3088.2.1 NP
 Client Brad Wood
 Serial No. 10/763,132 Filing Date 01/22/2004
 Assignee/Mark _____
 Date Faxed August 4, 2006

Please acknowledge receipt of:

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number	10763,132
Filing Date	01/22/2004
First Named Inventor	Brad Wood
Art Unit	3651
Examiner Name	Timothy R. Waggoner
Attorney Docket Number	3088.2.1 NP

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Fax Cover Sheet with Acknowledgement Postcard - PTO-2038 Credit Card Payment Form - PTOL-85 Fee Transmittal (NOA)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Starkweather & Associates, Cust. No. 48309		
Signature	<i>Michael W. Starkweather</i>		
Printed name	Michael W. Starkweather		
Date	August 4, 2006	Reg. No.	34,441

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Signature	<i>Diann Herring</i>		
Typed or printed name	Diann Herring	Date	August 4, 2006

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